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CONFIRMATION NO. 1858

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/713,866	11/14/2003	257	2811	VAI 330
RULE				

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/273,605 10/18/2002
 and is a CIP of 10/282,904 10/28/2002
 and claims benefit of 60/426,633 11/14/2002
 and said 10/273,605 10/18/2002
 is a CIP of 09/549,970 04/14/2000 ABN
 and is a CIP of 09/694,077 10/19/2000
 and is a CIP of 10/120,900 04/10/2002
 and claims benefit of 60/343,682 10/26/2001
 and claims benefit of 60/343,685 10/26/2001
 and claims benefit of 60/344,482 10/26/2001
 and claims benefit of 60/413,675 09/24/2002
 and claims benefit of 60/359,207 02/21/2002
 and claims benefit of 60/345,606 10/26/2001
 and claims benefit of 60/344,483 10/26/2001
 and said 09/549,970 04/14/2000
 claims benefit of 60/129,664 04/15/1999
 and claims benefit of 60/170,947 12/15/1999
 and said 09/694,077 10/19/2000
 is a CIP of 09/549,070 04/13/2000 PAT 6,209,506
 and said 09/549,970 04/14/2000
 claims benefit of 60/170,947 12/15/1999
 and said 09/694,077 10/19/2000
 is a CIP of 09/549,970 04/14/2000 ABN
 and claims benefit of 60/241,714 10/18/2000
 and said 10/282,904 10/28/2002
 is a CIP of 09/694,077 10/19/2000
 and is a CIP of 10/120,900 04/10/2002
 and claims benefit of 60/348,025 10/26/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

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